

SERFF Tracking Number:	AFDL-125860546	State:	Arkansas
Filing Company:	American Fidelity Assurance Company	State Tracking Number:	40685
Company Tracking Number:	TL08AR, A1254		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Paycheck Life		
Project Name/Number:	Paycheck Life/TL08AR, A1254		

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: Paycheck Life	SERFF Tr Num: AFDL-125860546	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 40685
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: TL08AR, A1254	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Janice Farmer, Melissa Mahanes	Disposition Date: 10/28/2008
	Date Submitted: 10/27/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: Paycheck Life	Status of Filing in Domicile: Not Filed
Project Number: TL08AR, A1254	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: We will be filing in our state of domicile via the Interstate Compact.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/28/2008	
State Status Changed: 10/28/2008	Deemer Date:
Corresponding Filing Tracking Number: TL08AR, A1254	
Filing Description:	
Submitted for Approval:	
Form # TL08AR Term Life Insurance Policy	
Form # A1254 Individual Life Insurance Application	

SERFF Tracking Number: AFDL-125860546 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 40685  
Company Tracking Number: TL08AR, A1254  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Paycheck Life  
Project Name/Number: Paycheck Life/TL08AR, A1254

Submission by: American Fidelity Assurance Company

Enclosed for submission is the TL08AR Term Life Insurance Policy and A1254 Individual Life Insurance Application. Our marketing name for this product is Paycheck Life. This product will be marketed through licensed and appointed agents using direct response methods. In the future, our licensed and appointed agents may market this product through direct sales.

This form is a 2001 CSO nonrenewable, nonconvertible term life policy. It provides a monthly benefit payout with two benefit options. The level term option provides a monthly benefit for 60 months to age 55 (for issue ages 20 to 45) or to age 65 (for issue ages 46 to 55). The Extended Term option provides a monthly benefit until the expiry date with a minimum of 60 payments to age 55 (for issue ages 20 to 45) or to age 65 (for issue ages 46 to 55). Issue ages are calculated as age at last birthday. The minimum monthly benefit amount for this product is \$1,000. The maximum monthly benefit amount is \$5,000. Since this product contains only guaranteed elements, we will not be illustrating this product.

Also enclosed is the A1254 Individual Life Insurance Application. The application will print on 8½ x 14 paper. The application and policy schedule pages are completed in John Doe fashion. Variable information is marked in brackets [ ]. In most situations, the application will be completed via telemarketing and electronic signature processes. In limited situations, the application may be completed via the internet or even in paper format. These situations will be based on the applicant's acceptance of completing an application for insurance over the telephone and using electronic signatures.

The A1254 application and TL08AR policy were scored together for a combined Flesch score of 50, excluding defined terms and medical terminology.

These forms may be used with the LR169 Accidental Death Benefit rider previously approved by your state on June 1, 2007.

This form may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on

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each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

## Company and Contact

### Filing Contact Information

Melissa Mahanes, Compliance Analyst II	melissa.mahanes@af-group.com
2000 Classen Blvd	(800) 654-8489 [Phone]
Oklahoma City, OK 73106	(405) 523-5793[FAX]

### Filing Company Information

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$75.00	10/27/2008	23486899

<i>SERFF Tracking Number:</i>	<i>AFDL-125860546</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	10/28/2008	10/28/2008

<i>SERFF Tracking Number:</i>	<i>AFDL-125860546</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 10/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AFDL-125860546	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Fee Form		Yes
Supporting Document	Statement of Variability		Yes
Form	Term Life Policy		Yes
Form	Individual Life Application		Yes

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## Form Schedule

**Lead Form Number:** TL08AR, A1254

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL08AR	Policy/Cont Term Life Policy ract/Fratern al Certificate	Initial		50	TL08AR.pdf
	A1254	Application/ Individual Life Enrollment Application Form	Initial		50	AFA NP GenStates.pdf AFA JD GenStates.pdf

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# American Fidelity Assurance Company

(a Stock Company)

[2000 N Classen Blvd Oklahoma City, Oklahoma 73106]

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**Inquiries Regarding Your Coverage, Premium Payments and Notification of Claim Should Be Directed To Our Administrative Agent: [Direct Response Insurance Administrative Services, Inc.] • [www.driasi.com] [P.O. Box 96] • [Minneapolis, MN 55440-0096] • Toll Free Telephone Number [1-800-204-3520]**

## Term Life Insurance Policy

In this policy, "you" and "your" refer to the current Owner of the policy. "We", "us", "our" and "Company" refer to American Fidelity Assurance Company.

**CONSIDERATION:** This policy is issued in consideration of the application and payment of the first premium. The Effective Date is the date the first premium is due; and is the date from which policy years, premium due dates, and policy anniversaries will be determined.

**Receipt of a Monthly Benefit payout may be taxable. You should consult with a personal tax advisor regarding the impact of receiving life insurance benefits in monthly installments.**

**RIGHT TO EXAMINE POLICY:** You may return the policy for cancellation to us or to our agent within 45 days after it is delivered. If returned, the policy will be deemed void from its beginning and all premiums paid, including any policy fees or charges, will be refunded.

### POLICY INFORMATION

**Insured:** [John Doe]

**Age and Gender:** [Male 35]

**Policy No:** [123456789]

**Effective Date:** [1/1/2009]

**Premium Class:** [Non-Tobacco]

**Expiration Date:** [1/1/2029]

**Term Life Monthly Benefit:** [\$1,000]

**Accidental Death Monthly Benefit:** [\$1,000]

**Term Life [Monthly] Premium:** [\$13.00]

**Accidental Death [Monthly] Premium:** [\$6.00]

**Total [Monthly Bank Draft] Premium:** [\$19.00]

**Monthly Benefit Period:** [5 years] [The Monthly Benefit will be paid for a total of 60 months.]

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the benefits of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud.

**READ YOUR POLICY CAREFULLY.** This policy is a legal contract between you and us. Signed for us at our administrative office in Oklahoma City, Oklahoma.

  
President

  
Secretary

### NON-PARTICIPATING TERM LIFE INSURANCE POLICY

Insurance Payable Upon Death Before Expiration Date  
Premiums Payable While Insured Is Alive To Expiration Date



## INSURING AGREEMENT

We will pay the policy benefits to the beneficiary when the Administrative Agent receives proof that the death of the Insured occurred before the Expiration Date while this policy is in force. The provisions of this and the following pages and the application are each part of the policy.

## GUIDE TO POLICY PROVISIONS

	Page		Page
Consideration	1	Premiums and Reinstatement	
		Premiums	3
Right To Examine Policy	1	Grace Period	3
		Nonpayment of Premium	3
Policy Information	1	Reinstatement	3
Warning	1	General Provisions	
		The Contract	4
Insuring Agreement	2	Misstatement of Age or Gender	4
		Misstatement of Smoking	4
Guide To Policy Provisions	2	Suicide	4
		Incontestability	4
Owner and Beneficiary		Non-Participating	4
Owner	3	Termination	4
Beneficiary	3		
Change of Owner or Beneficiary	3	Payment of Policy Benefits	4
Assignment	3	Lump Sum Option	5
		Death of Beneficiary	5
		Benefit Rider(s)	Insert
		Application	Insert

## **OWNER AND BENEFICIARY**

### **OWNER**

The Owner of this policy is the Insured as shown in the application, unless a change of Ownership has been made. All rights and benefits available under this policy while the Insured is alive belong to the Owner. If the Owner dies before the Insured, all Ownership rights then belong to the contingent Owner, if living, or if there is none, to the Owner's estate.

### **BENEFICIARY**

The beneficiary is the person (or persons) who will receive the policy benefits. The beneficiary of this policy is shown in the application, unless a change of beneficiary has been made. If the beneficiary dies before the Insured, the policy benefits will be payable to the contingent beneficiary, if living, or if there is none, to you or your estate.

### **CHANGE OF OWNER OR BENEFICIARY**

You may request a change of the Owner or beneficiary at any time while the Insured is alive. This request must be in writing on a form that is approved by us. You and any irrevocable beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by us before the request is received and recorded by us in our administrative office.

### **ASSIGNMENT**

You have the right to assign the rights and benefits of this policy. However, no assignment will be binding on us unless and until we receive a copy of it in our administrative office. After we have received and recorded an assignment, your rights and the rights of the beneficiary are subject to the rights of the assignee. Assignments, unless you specify otherwise, take effect the date the notice of change is signed, subject to any payments made or actions taken by us prior to our receipt of such notice. We are not responsible for the validity of any assignment.

## **PREMIUMS AND REINSTATEMENT**

### **PREMIUMS**

The premiums for this policy are shown on Page 1 of this policy. Premiums are payable in advance at the administrative office. The premiums are level to the Expiration Date shown on Page 1. Upon request, we will provide a receipt for premiums paid, signed by an officer of the Company. Premiums may be paid monthly, quarterly, semi-annually, or annually. You may change the frequency of premium payments by paying the correct premium for the new frequency. This change will take effect when we accept the premium for the changed frequency. If future premiums are to be paid on a basis other than monthly bank draft, the premium will be the monthly premium times 3, 6, or 12 (quarterly, semi-annually, and annually, respectively).

### **GRACE PERIOD**

A grace period of 31 days will be allowed for the payment of each premium after the first one. The policy will remain in force during this time. If the Insured dies within the grace period, any unpaid premium will be deducted from the policy benefits.

### **NONPAYMENT OF PREMIUM**

If, by the end of the grace period, a premium is not paid this policy will lapse. No further insurance coverage will be provided except as explained in the Reinstatement Provision.

### **REINSTATEMENT**

After the policy has lapsed, it may be reinstated only if:

1. you make a written request within five years of the due date of the first unpaid premium;
2. you provide proof that the Insured meets our insurability requirements; and
3. you pay us all back premiums that are due and unpaid, with interest. (6% Interest will be compounded yearly as of each policy anniversary.)

## **GENERAL PROVISIONS**

### **THE CONTRACT**

The entire contract consists of this policy, any attached riders or endorsements, and the application. A copy of the application is attached to the policy. This policy cannot be changed and its terms cannot be waived or extended in any way except by written agreement signed by the President or Secretary of the Company. All statements in the application, in the absence of fraud, are representations and not warranties. No statement will be used to void this policy or to defend against a claim unless it is contained in the application.

### **MISSTATEMENT OF AGE OR GENDER**

If the age or gender of the Insured has been misstated, the benefits and termination date of the insurance will be based on the correct age or gender. If the error is not adjusted during the Insured's lifetime, the Monthly Benefit payable is what the premium would have purchased if the age or gender had been stated correctly. If the Insured was, at the time the insurance was applied for, outside of the issue age range designated by us, we shall refund at least the amount of the premiums collected under the policy.

### **MISSTATEMENT OF SMOKING**

If the smoking status of the Insured has been misstated, the amount payable on death shall be the amount that the premium would have purchased using the correct smoking status.

### **SUICIDE**

We will not pay the policy benefits if the Insured commits suicide, while sane or insane, within two years from the Effective Date. Instead, we will return all premiums paid.

### **INCONTESTABILITY**

This policy shall, in the absence of fraud, be incontestable after it has been in force for two years during the lifetime of the Insured. If the policy is reinstated, the Incontestability period will be based on the Effective Date of the reinstatement. This incontestability provision does not apply to provisions or additional coverage relating to disability.

### **NON-PARTICIPATING**

This policy is non-participating and does not share in the divisible surplus of the Company.

### **TERMINATION**

This policy will terminate on the earliest of the following dates:

1. the date we receive your written request;
2. the date any claim shown to be fraudulent is submitted;
3. the Expiration Date shown on Page 1 of this policy; or
4. the date the final Monthly Benefit payment has been paid.

## **PAYMENT OF POLICY BENEFITS**

All benefits are payable by our Administrative Agent shown on page 1. Any policy benefits payable due to an Insured's death will be paid upon receipt of proof of the death. The first Monthly Benefit will begin 30 days after the date of the Insured's death. If the proceeds, including the premium refund at death, are not paid within 30 days after our receipt of proof of death, we will pay interest on such proceeds. Interest payable shall be computed from the date of death at the rate of 8% per year. If a lump sum payment is requested, interest will be credited from the date of death or from the date written request is received, whichever is later. Surrender of this policy will not be required.

Subject to all provisions contained in this policy, benefits payable upon the death of the Insured will be the Monthly Benefit paid to the end of the Monthly Benefit Period as shown on page 1. Any due and unpaid premium (see Grace Period) will be deducted and the portion of any premium paid that applies to a period beyond the policy month of death will be added prior to paying the first Monthly Benefit. Full payment of policy benefits to the beneficiary, or the beneficiary's estate (upon death of the beneficiary), discharges us from all claims.

**LUMP SUM OPTION**

Benefits for this policy will be paid in monthly installments unless a lump sum payment is requested. If a lump sum benefit is requested, the value of any future monthly installments will be commuted to a death benefit discounted at an annual interest rate of 3%.

**DEATH OF BENEFICIARY**

If the beneficiary dies after payments have begun, Monthly Benefit payments will be paid to the beneficiary's estate until the final payment has been made.

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# **American Fidelity Assurance Company**

(a Stock Company)

[2000 N Classen Blvd   Oklahoma City, Oklahoma 73106]

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**Inquiries Regarding Your Coverage, Premium Payments and Notification of Claim Should Be  
Directed To Our Administrative Agent:**

**[Direct Response Insurance Administrative Services, Inc.] • [www.driasi.com]  
[P.O. Box 96] • [Minneapolis, MN 55440-0096] • Toll Free Telephone Number [1-800-204-3520]**

## **NON-PARTICIPATING TERM LIFE INSURANCE POLICY**

Insurance Payable Upon Death Before Expiration Date  
Premiums Payable While Insured Is Alive To Expiration Date

PAYCHECK LIFE<sup>SM</sup> APPLICATION
FOR WELLS FARGO CUSTOMERS

AMERICAN FIDELITY ASSURANCE COMPANY
A member of the American Fidelity Group

Paycheck Life is a term life insurance plan. It pays up to [\$0,000] a month in benefits to your beneficiary if you die. The plan can help ensure a steady income and greater financial security. No medical exam is required to apply. Issuance of coverage will be based on your answers to the health questions.

Individual Term Life Insurance
Underwritten by
American Fidelity Assurance Company
2000 North Classen Boulevard
Oklahoma City, Oklahoma 73106

1 CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY

5-YEAR PAYCHECK LIFE PLAN
EXTENDED PAYCHECK LIFE PLAN
Monthly Benefit Paid To Your Beneficiary
Monthly Premium You Pay For Coverage\*\*

2 PROPOSED INSURED'S/OWNER'S PERSONAL DETAILS (Please ensure that all details are correct and complete)

Barcode
Name
Address
City
State
Zip
Daytime Telephone No.
Social Security No.
E-mail Address
Date of Birth
Male
Female
Height
Weight
Are you a citizen of the United States?
Beneficiary
Relationship to You
Premium Payer
Relationship to You
a) Do you have any existing coverage or pending applications for individual life insurance or annuities with this or any other company?
b) Do you intend to replace, discontinue or change any such coverage?

3 HEALTH AND LIFESTYLE QUESTIONS

CALL TO SEE IF YOU QUALIFY FOR IMMEDIATE APPROVAL: 1-800-000-0000
1. Has any company ever declined you for life insurance, postponed a decision on your application, or issued you coverage with an increased premium?
2. Have you smoked or used tobacco products within the past 12 months?
3. In the past 10 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with internal cancer, leukemia, melanoma, stroke, emphysema, degenerative muscle or nerve disease/disorder, paralysis, lupus, ileitis, ulcerative colitis, Crohn's disease or pancreatitis?

YOU MUST COMPLETE AND SIGN THE SECTIONS ON THE REVERSE.

Date: 09/30/08
Product: Paycheck Life
Component: Customer Application - Front
State Version: AR, DE, MS, MT, SC, SD Non-personal
Size: 8.375" x 14"
File Set @: 100%
Colors: PMS 200 Red, PMS 454 Green, Black
Paper Stock: White Offset, 60#
Signature
Date
PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE

	YES	NO
4. In the past 10 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with any disease or disorder of the following: heart, blood vessels or blood itself, liver, pancreas, brain, connective tissue or kidney disorder, other than kidney stones?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 5 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with hypertension or high blood pressure, diabetes, chronic bronchitis or chronic lung disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
Give Details: _____		
_____		
6. In the past 10 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with any disease or disorder of the following: Alzheimer's disease, dementia, bipolar disease, schizophrenia, alcohol or drug abuse; major depression or mood disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
Give Details: _____		
_____		
7. Have you ever been medically diagnosed as having AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or medically tested positive for HIV (Human Immunodeficiency Virus)?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past 3 years, has your driver's license been suspended or revoked, or have you been convicted of or pleaded "guilty" or "no contest" to DWI/DUI, reckless driving, or had 3 or more moving violations?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 5 years, have you been convicted of or pleaded "guilty" or "no contest" to any felony, or are you in prison or serving a probation/parole program?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been medically advised to be hospitalized or to have any diagnostic test or surgery that has not been completed?.....	<input type="checkbox"/>	<input type="checkbox"/>
Give Details: _____		
_____		
11. In the past 2 years, have you been involved in, or in the next 12 months plan to be involved in, the operation of any type of aircraft other than as a commercial pilot?.....	<input type="checkbox"/>	<input type="checkbox"/>

4

ACKNOWLEDGMENTS

I declare that all statements and answers in this application, are, to the best of my knowledge and belief, true; and agree that they shall form part of the Insurance Policy.

I hereby authorize the entities named herein to disclose any information about me to individuals representing American Fidelity Assurance Company (AFAC) or its reinsurers who are involved in processing my application or determining my eligibility for coverage and to check for and resolve any issues that may arise regarding incomplete or incorrect information on my application. Those so authorized are: a) Veteran's Administration; b) past or present employers; c ) consumer reporting agencies; d) insurance companies; e) the Medical Information Bureau (MIB); and f) Department of Motor Vehicles. I understand that the information collected will be used to determine my eligibility for insurance. A copy of this authorization will be as valid as the original. I may request and receive a copy of this authorization. This authorization is valid for the time period required by the state in which I reside, unless revoked. I understand that I may revoke this authorization at any time in writing. I understand that my right to revoke this authorization is limited to the extent that: AFAC has taken action in reliance upon the authorization; or, the law provides AFAC with the right to contest my insurance coverage or a claim under my insurance coverage. I have received the plan summary [XXXX], the Notice to Applicant for Insurance, and the MIB Notice. Where applicable, I have also received any Buyer's Guide or disclosure notices required by law at time of application.

I understand that coverage issued from this application will take effect on the later of: 1) the date of application; 2) the date of the last medical examination or test, if required; or 3) the date requested, provided, upon receipt of the application and any further information required, I am determined by American Fidelity Assurance Company at its home office, according to its rules and practices, to be insurable on such date, at standard rates for which coverage was applied.

I also acknowledge receiving the following disclosures: This insurance product (i) is not a deposit or other obligation of, or guaranteed by the bank or any affiliate of the bank; and (ii) is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank or any affiliate of the bank.

I hereby apply for the Paycheck Life Individual Term Life Insurance Plan, underwritten by American Fidelity Assurance Company (the Company). I authorize premiums to be deducted monthly and electronically remitted to the Company from my [Wells Fargo Checking Account]. This authority is to remain in effect until I cancel it by written notification to the Company. Any excess premiums which may accrue after termination of this authority will be refunded.

**Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.

<div>X</div>	_____/_____/_____ Signature of Proposed Insured (required)	_____/_____/_____ Today's Date (required)
<div>X</div>	_____/_____/_____ Signature of Premium Payer (If other than the Proposed Insured)	_____/_____/_____ Today's Date (required)

This section to be completed only when a licensed agent is involved in the transaction:

**AGENT STATEMENT:** To the best of my knowledge the proposed insured ☐ does ☐ does not have any existing life insurance or annuity; and, the proposed insured ☐ does ☐ does not intend to replace, discontinue or change any such coverage.

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_ Print Agent Name \_\_\_\_\_ and AFA Agent # \_\_\_\_\_

A1254

Date: 10/20/08	Size: 8.375" x 14"	<input type="checkbox"/> OK	ReMark
Product: Paycheck Life	File Set @: 100%	<input type="checkbox"/> OK WITH CORRECTIONS	
Component: Customer Application – Back	Colors: PMS 200 Red, PMS 454 Green, Black	Signature _____ Date _____	
State Version: AR, DE, MS, MT, SC, SD Non-personal	Paper Stock: White Offset, 60#		
PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE			

PAYCHECK LIFE<sup>SM</sup> APPLICATION
FOR WELLS FARGO CUSTOMERS

AMERICAN FIDELITY ASSURANCE COMPANY
A member of the American Fidelity Group

Paycheck Life is a term life insurance plan. It pays up to [\$0,000] a month in benefits to your beneficiary if you die. The plan can help ensure a steady income and greater financial security. No medical exam is required to apply. Issuance of coverage will be based on your answers to the health questions.

Individual Term Life Insurance
Underwritten by
American Fidelity Assurance Company
2000 North Classen Boulevard
Oklahoma City, Oklahoma 73106

1 CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY

5-YEAR PAYCHECK LIFE PLAN

Benefits are paid to your beneficiary every month for 5 years

Table with 3 columns: Monthly Benefit Paid To Your Beneficiary, Monthly Premium You Pay For Coverage, and sub-columns for Tobacco User and Non-User. Includes options for \$1,000 and \$1,750 monthly benefits.

\* In no circumstance will the benefit be paid for less than 5 years.
\*\* Monthly Premium includes the cost of the Accidental Death coverage.
\*\*\* The accident must be a covered accident, as defined in the rider.

EXTENDED PAYCHECK LIFE PLAN

Monthly benefits are paid to your beneficiary up until the time you would have reached age [65]\*

Table with 3 columns: Monthly Benefit Paid To Your Beneficiary, Monthly Premium You Pay For Coverage, and sub-columns for Tobacco User and Non-User. Includes options for \$1,000 and \$1,750 monthly benefits.

2 PROPOSED INSURED'S/OWNER'S PERSONAL DETAILS (Please ensure that all details are correct and complete)

Form section for personal details including address, telephone, email, date of birth, sex, height, weight, citizenship, beneficiary information, and premium payer details.

3 HEALTH AND LIFESTYLE QUESTIONS

CALL TO SEE IF YOU QUALIFY FOR IMMEDIATE APPROVAL: 1-800-000-0000

- Has any company ever declined you for life insurance, postponed a decision on your application, or issued you coverage with an increased premium?
Have you smoked or used tobacco products within the past 12 months?
In the past 10 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with internal cancer, leukemia, melanoma, stroke, emphysema, degenerative muscle or nerve disease/disorder, paralysis, lupus, ileitis, ulcerative colitis, Crohn's disease or pancreatitis?

YOU MUST COMPLETE AND SIGN THE SECTIONS ON THE REVERSE.

A1254

Form footer containing date, product, component, state version, size, file set, colors, paper stock, OK/OK WITH CORRECTIONS checkboxes, ReMark, Signature, Date, and a review instruction: PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE



	YES	NO
4. In the past 10 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with any disease or disorder of the following: heart, blood vessels or blood itself, liver, pancreas, brain, connective tissue or kidney disorder, other than kidney stones?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. In the past 5 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with hypertension or high blood pressure, diabetes, chronic bronchitis or chronic lung disease?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Give Details: _____		
_____		
6. In the past 10 years, have you received any medical treatment, medical advice, or consulted a physician or medical practitioner for, or been medically diagnosed with any disease or disorder of the following: Alzheimer's disease, dementia, bipolar disease, schizophrenia, alcohol or drug abuse; major depression or mood disorder?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Give Details: _____		
_____		
7. Have you ever been medically diagnosed as having AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex) or medically tested positive for HIV (Human Immunodeficiency Virus)?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. In the past 3 years, has your driver's license been suspended or revoked, or have you been convicted of or pleaded "guilty" or "no contest" to DWI/DUI, reckless driving, or had 3 or more moving violations?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. In the past 5 years, have you been convicted of or pleaded "guilty" or "no contest" to any felony, or are you in prison or serving a probation/parole program?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have you been medically advised to be hospitalized or to have any diagnostic test or surgery that has not been completed?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Give Details: _____		
_____		
11. In the past 2 years, have you been involved in, or in the next 12 months plan to be involved in, the operation of any type of aircraft other than as a commercial pilot?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4

ACKNOWLEDGMENTS

I declare that all statements and answers in this application, are, to the best of my knowledge and belief, true; and agree that they shall form part of the Insurance Policy.

I hereby authorize the entities named herein to disclose any information about me to individuals representing American Fidelity Assurance Company (AFAC) or its reinsurers who are involved in processing my application or determining my eligibility for coverage and to check for and resolve any issues that may arise regarding incomplete or incorrect information on my application. Those so authorized are: a) Veteran's Administration; b) past or present employers; c ) consumer reporting agencies; d) insurance companies; e) the Medical Information Bureau (MIB); and f) Department of Motor Vehicles. I understand that the information collected will be used to determine my eligibility for insurance. A copy of this authorization will be as valid as the original. I may request and receive a copy of this authorization. This authorization is valid for the time period required by the state in which I reside, unless revoked. I understand that I may revoke this authorization at any time in writing. I understand that my right to revoke this authorization is limited to the extent that: AFAC has taken action in reliance upon the authorization; or, the law provides AFAC with the right to contest my insurance coverage or a claim under my insurance coverage. I have received the plan summary [XXXX], the Notice to Applicant for Insurance, and the MIB Notice. Where applicable, I have also received any Buyer's Guide or disclosure notices required by law at time of application.

I understand that coverage issued from this application will take effect on the later of: 1) the date of application; 2) the date of the last medical examination or test, if required; or 3) the date requested, provided, upon receipt of the application and any further information required, I am determined by American Fidelity Assurance Company at its home office, according to its rules and practices, to be insurable on such date, at standard rates for which coverage was applied.

I also acknowledge receiving the following disclosures: This insurance product (i) is not a deposit or other obligation of, or guaranteed by the bank or any affiliate of the bank; and (ii) is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank or any affiliate of the bank.

I hereby apply for the Paycheck Life Individual Term Life Insurance Plan, underwritten by American Fidelity Assurance Company (the Company). I authorize premiums to be deducted monthly and electronically remitted to the Company from my [Wells Fargo Checking Account]. This authority is to remain in effect until I cancel it by written notification to the Company. Any excess premiums which may accrue after termination of this authority will be refunded.

**Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.

<div>X</div>	_____/_____/_____ Signature of Proposed Insured (required)	____/____/ Today's Date (required)
<div>X</div>	<i>John Doe</i> Signature of Premium Payer (If other than the Proposed Insured)	<i>10 / 12 / 2008</i> Today's Date (required)

**This section to be completed only when a licensed agent is involved in the transaction:**

**AGENT STATEMENT:** To the best of my knowledge the proposed insured ☐ does ☐ does not have any existing life insurance or annuity; and, the proposed insured ☐ does ☐ does not intend to replace, discontinue or change any such coverage.

Signature of Agent _____	Date _____	Print Agent Name _____	and AFA Agent # _____
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A1254

Date: 10/20/08	Size: 8.375" x 14"	<input type="checkbox"/> OK	ReMark
Product: Paycheck Life	File Set @: 100%	<input type="checkbox"/> OK WITH CORRECTIONS	
Component: Customer Application – Back	Colors: PMS 200 Red, PMS 454 Green, Black	Signature _____ Date _____	
State Version: AR, DE, MS, MT, SC, SD John Doe	Paper Stock: White Offset, 60#		
PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE			

<i>SERFF Tracking Number:</i>	<i>AFDL-125860546</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>40685</i>
<i>Company Tracking Number:</i>	<i>TL08AR, A1254</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Paycheck Life</i>		
<i>Project Name/Number:</i>	<i>Paycheck Life/TL08AR, A1254</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AFDL-125860546 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 40685  
Company Tracking Number: TL08AR, A1254  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Paycheck Life  
Project Name/Number: Paycheck Life/TL08AR, A1254

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 10/15/2008

#### Comments:

#### Attachments:

AR Compliance Certification.pdf  
AR Readability Certification.pdf  
1226(R1203)-AR.pdf  
M-1613(R1001)PaycheckLife.pdf

### Review Status:

**Satisfied -Name:** Application 10/15/2008

#### Comments:

included on forms schedule tab

### Review Status:

**Satisfied -Name:** Fee Form 10/21/2008

#### Comments:

#### Attachment:

AR Filing Fee Form.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 10/21/2008

#### Comments:

#### Attachments:

Statement of Variability tl08.pdf  
SoV - A1254 Application.pdf



## STATE OF ARKANSAS

### COMPLIANCE CERTIFICATION

Form Number and Name: **TL08AR Term Life Insurance Policy**

I hereby certify that this filing does not discriminate unfairly between Policyholders and that it meets requirements set forth in Arkansas Rule and Regulation 19. I further certify, that to the best of my knowledge and judgment this filing is complete and accurate, and in compliance with the applicable laws and regulations of the State of Arkansas.

A handwritten signature in cursive script, reading 'Cynthia Smethers'.

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Cynthia Smethers, F.S.A., M.A.A.A.  
Vice President and Product Actuarial Manager

October 21, 2008  
Date

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

This is to certify that the Flesch scores for this filing are as follows:

**TL08AR Term Life Insurance Policy and A1254 were scored together for a combined Flesch score of 50, excluding defined terms and medical terminology.**

These forms are printed in not less than ten point type, one point leaded.

The number of words contained in each form is as follows:

**The combined word count is 2216**

The policy has been scored by the Flesch method.



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Cynthia Smethers, F.S.A., M.A.A.A.  
Vice President and Product Actuarial Manager

October 21, 2008  
Date

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract

issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

### **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

### **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**(THIS FORM IS NOT PART OF YOUR CONTRACT)**

We are here to serve you . . .

As our policyholder, your satisfaction is very important to us. If you have any questions or concerns, you may reach us at:

American Fidelity Assurance Company  
c/o Direct Response Insurance Administrative Services, Inc.  
PO Box 96  
Minneapolis, MN 55440-0096  
Toll Free: 1-800-204-3520

Should you feel you are not being treated fairly, we want you to know you may contact the Arkansas Insurance Department with your complaint and seek assistance from the governmental agency that regulates insurance. The Arkansas Insurance Department should be contacted only after you have contacted American Fidelity Assurance Company or its representative for a satisfactory solution.

To contact the Arkansas Insurance Department, write or call:

Arkansas Insurance Department  
Consumer Service Division  
1200 W Third St  
Little Rock, AR 72201  
Consumer Service: 501-371-2640  
Toll Free: 1-800-852-5494

**(THIS FORM IS NOT A PART OF YOUR CONTRACT)**



# ARKANSAS INSURANCE DEPARTMENT

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

501-686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: American Fidelity Assurance Company

Company NAIC Code: 330-60410

Company Contact Person & Telephone # Melissa Mahanes, 800-654-8489 ext 2035

\*\*\*\*\*

\* INSURANCE DEPARTMENT USE ONLY

\*

\* ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_ \*

\*\*\*\*\*

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,  
UNLESS OTHERWISE INDICATED.

## FEE SCHEDULE FOR ADMITTED INSURERS

### RATE/FORM FILINGS

Life and/or Disability policy form filing  
and review, per each policy, contract, annuity  
form, per each insurer, per each filing.  
Life and/or Disability - Filing and review  
of  
each rate filing or loss ratio guarantee filing,  
per each insurer.

\* 1 x\$ 50= \$50

\*\*Retaliatory \$50

\* \_\_\_\_\_ x\$ 50= \_\_\_\_\_

Life and/or Disability Policy, Contract or  
Annuity Forms: Filing and review of each  
certificate, rider, endorsement or application  
if each is filed separately from the basic form.

1 x\$ 20= \$20

Life and/or Disability: Filing and review of  
Insurer's advertisements, per advertisement, per  
each insurer.

1 x\$ 25= \$25

\*\*Retaliatory \$75.00

### AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an  
Insurer's Certificate of Authority.

\* \_\_\_\_\_ x\$400= \_\_\_\_\_

Filing to amend Certificate of Authority.

\* \_\_\_\_\_ x\$100= \_\_\_\_\_

## STATEMENT OF VARIABILITY

The TL08 Term Life Policy contains variable information. All forms are completed in John Doe format and variable information is enclosed in brackets [ ]. All variable items will become fixed at time of policy approval. Any changes made to these items will be limited to new issues.

### Policy – Page 1

- V1 The Company address and officer's signatures are marked variable although they are not likely to change.
- V2 This product will be administered through a TPA. Currently, the TPA for this product will be Direct Response Insurance Administrative Service, Inc (DRIASI). Although our TPA is not likely to change, we are marking this field variable in the instance a change TPA's occurs. The website address is specific to the TPA administering the product.
- V3 The address shown is DRIASI's address. The address will only change if the TPA administering this product changes.
- V4 The 1-800 phone number will likely be consistent for all campaigns. It may vary in the event a customer requests a personalized 1-800 phone number be used.

### Policy Information – Page 1

- V5 The **Insured's Name** is the name of the Insured as it appears on the application for insurance. The format is first name followed by last name.
- V6 The **Age and Gender** is the insured's age and gender at time of policy issue.
- V7 The **Policy Number** is the unique identifier our company assigns to the policy at time of policy issue.
- V8 The **Effective Date** is the date the policy and ADB rider, if applicable, goes into effect. This is the date the first premium is due; and is the date from which policy years, premium due dates, and policy anniversaries will be determined. Possible formats include: 1/1/08; 01/01/2008; January 1, 2008; or Jan 1, 2008.
- V9 The **Premium Class** is provided by the Insured on the application. The appropriate variables are: Non-Tobacco or Tobacco.
- V10 The **Expiration Date** is dependent the Insured's Age at time of application and choice of Benefit Plan. Possible formats include: 1/1/08; 01/01/2008; January 1, 2008; or Jan 1, 2008.
- V11The **Term Life Monthly Benefit** is selected by the insured at time of application. Format is \$#,###.
- V12The **Accidental Death Monthly Benefit** is selected by the insured at time of application. Format is \$#,###.
- V13 The premium for the Term Life Policy will print in the **Term Life [Monthly] Premium** field. The word Monthly may vary depending upon the premium mode elected by the Insured at time of application. The appropriate variables which may print in this field are: annual, semi-annual, quarterly or monthly. Format is \$#,###.## or \$###.## or \$##.## or
- V14 The premium for the ADB Rider will print in the **Accidental Death [Monthly] Premium** field. The word Monthly may vary depending upon the premium mode elected by the Insured at time of application. The appropriate variables which may print in this field are: annual, semi-annual, quarterly or monthly. Format is \$#,###.## or \$###.## or \$##.## or
- V15 The **Total [Monthly Bank Draft] Premium** is dependent upon each individual insured's circumstance and requests (Monthly Benefit Amount, Monthly Benefit Period, Effective Date, Premium Class, Premium Frequency and Expiration Date). Format is \$#,###.## or \$###.## or \$##.## or \$#.##. The words Monthly

Bank Draft may vary depending upon the premium mode elected by the Insured at time of application. The appropriate variables which may print in this field are: annual, semi-annual, quarterly or monthly bank draft.

V16 The **Monthly Benefit Period** is dependent upon the Insured's Age at time of application and choice of Benefit Plan. The following are possible variables depending upon the plan chosen:

- a) If the 5-Year Paycheck Life Plan is selected on the application:  
For Issue Ages 20-45 and Expiration Age 55, or  
Issue Ages 46-55 and Expiration Age 65 the following will print:  
The Monthly Benefit will be paid for a total of 60 months.
- b) If the Extended Paycheck Life Plan is selected on the application:  
For Issue Ages 20-45 and Expiration Age 55, or  
Issue Ages 30-55 and Expiration Age 65 the following will print:  
The Monthly Benefit will be paid to the Expiration Date. In no circumstance will the benefit be paid for less than 60 months.

10/15/08

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Melissa Mahanes  
Compliance Analyst II

Date

## STATEMENT OF VARIABILITY

The A1254 Term Life Application contains variable information. All forms are completed in John Doe format and variable information is enclosed in brackets [ ]. All variable items will become fixed at time of policy approval. Any changes made to these items will be limited to new issues.

### Policy Information – Page 1

- V1 We plan to market this product in different banks and market segments. All references to the financial institution may change depending upon the market segment. Example: Wells Fargo, Citizens Bank.
- V2 In the box under the Application Title, the benefit amount is marked in brackets. The benefit levels vary from \$1,000 Monthly Benefit to \$10,000 Monthly Benefit.
- V3 The Issues Ages vary depending upon market segment.

Extended Paycheck Life	
Marketable Ages	Product Term
20-45	Up to age 55 product
46-55	Up to age 65 product

- V4 In Section 1, the plans that will be offered vary depending upon market segment. Benefit levels of the 5-year plan go from \$1,000 to \$5,000; Benefit levels of extended plan will be a selection of \$1,000 to \$5,000 (for issue ages 46-49) or \$3,000 (for issue ages 50-55). This product may be sold in individually or in combinations of any of the following:

An Accidental Death Benefit rider may also be offered depending on the market segment. Currently, the maximum amount available for the Accidental Death Benefit rider is 2x the base policy benefit for the 5-Yr Plan and 1x the base policy benefit for the Extended Term Plan. In the future, we may wish to offer benefit amounts in the range of 0-2x the base policy benefit for the 5Yr plan and 0-1x the base policy benefit for the Extended Term plan, but the maximum amount will never exceed 2x or 1x the base policy benefit for the 5Yr and Extended Term plans, respectively.

### 5-Year Term Life with Accidental Death coverage at 2x the base plan.

<b>1 CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY</b>	
<b>5-YEAR PAYCHECK LIFE PLAN</b> Benefits are paid to your beneficiary every month for 5 years	
<b>Monthly Benefit Paid To Your Beneficiary</b> (check only one amount)	<b>Monthly Premium You Pay For Coverage**</b>
<input type="checkbox"/> 1,000 Benefit triples to \$3,000 if death is due to an accident.***	Tobacco User    Non-User \$107.00            \$58.00
<input type="checkbox"/> 1,250 Benefit triples to \$3,750 if death is due to an accident.***	133.75            72.50
** Monthly Premium includes the cost of the Accidental Death coverage.	
***The accident must be a covered accident, as defined in the rider.	

**5-Year Term Life with Accidental Death coverage at 1x the base plan.**

<b>1</b>	<b>CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY</b>	
<b>5-YEAR PAYCHECK LIFE PLAN</b> Benefits are paid to your beneficiary every month for 5 years		
<b>Monthly Benefit Paid To Your Beneficiary</b> (check only one amount) <input type="checkbox"/> 1,000 Benefit doubles to \$2,000 if death is due to an accident.***]		<b>Monthly Premium You Pay For Coverage**</b> Tobacco User    Non-User \$107.00            \$58.00
<input type="checkbox"/> 1,250 Benefit doubles to \$2,500 if death is due to an accident.***		133.75            72.50
** Monthly Premium includes the cost of the Accidental Death coverage. ***The accident must be a covered accident, as defined in the rider.		

**5-Year Term Life with no Accidental Death coverage.**

<b>1</b>	<b>CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY</b>	
<b>5-YEAR PAYCHECK LIFE PLAN</b> Benefits are paid to your beneficiary every month for 5 years		
<b>Monthly Benefit Paid To Your Beneficiary</b> (check only one amount) <input type="checkbox"/> 1,000		<b>Monthly Premium You Pay For Coverage**</b> Tobacco User    Non-User \$107.00            \$58.00
<input type="checkbox"/> 1,250		133.75            72.50
** Monthly Premium includes the cost of the Accidental Death coverage.		

**Extended Term Life with Accidental Death coverage at 1x the base plan.**

<b>1</b>	<b>CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY</b>	
<b>EXTENDED PAYCHECK LIFE PLAN</b> Monthly benefits are paid to your beneficiary up until the time you would have reached age [55]*		
<b>Monthly Benefit Paid To Your Beneficiary</b> (check only one amount) <input type="checkbox"/> 1,000 Benefit doubles to \$2,000 if death is due to an accident.***		<b>Monthly Premium You Pay For Coverage**</b> Tobacco User    Non-User \$186.00            \$100.00
<input type="checkbox"/> 1,250 Benefit doubles to \$2,500 if death is due to an accident.***		232.50            125.00
*In no circumstance will the benefit be paid for less than 5 years. ** Monthly Premium includes the cost of the Accidental Death coverage. ***The accident must be a covered accident, as defined in the rider.		

**Extended Term Life with no Accidental Death coverage.**

<b>1 CHOOSE THE ONE PLAN AND BENEFIT THAT WILL BEST PROTECT YOUR BENEFICIARY FINANCIALLY</b>	
<b>EXTENDED PAYCHECK LIFE PLAN</b> Monthly benefits are paid to your beneficiary up until the time you would have reached age [55]*	
<b>Monthly Benefit Paid To Your Beneficiary</b> (check only one amount)	<b>Monthly Premium You Pay For Coverage**</b>
<input type="checkbox"/> 1,000	Tobacco User    Non-User \$186.00            \$100.00
<input type="checkbox"/> 1,250	232.50            125.00
*In no circumstance will the benefit be paid for less than 5 years. ** Monthly Premium includes the cost of the Accidental Death coverage.	

- V5 Section 2. The bar code label in section 2 is specific to each individual application. Other than the individuality of each insured's information, there are no other variables in Sections 2.
- V6 Section 3: The 1-800 phone number will likely be consistent for all campaigns. It may vary in the event a customer requests a personalized 1-800 phone number be used.
- V7 Section 4 - In the last paragraph, the consumer brochure number is variable depending upon the sales brochure being used in the market.
- V8 In the second to last paragraph, the name of the financial institution may change depending upon the market segment. Example: Wells Fargo, Citizens Bank.

This product may also be offered to the spouse (or spouse/domestic partner, where required by law) of the Insured. When this occurs the following additional variables will be possible:

V8 Section 2 will include an Premium Payer's box as follows:

[Premium Payer	<table border="1"><tr><td colspan="3"></td></tr><tr><td>First Name</td><td>Middle Name</td><td>Last Name</td></tr></table>				First Name	Middle Name	Last Name	Relationship To You	<table border="1"><tr><td></td></tr></table>	
First Name	Middle Name	Last Name								
Is he/she a citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, he/she is a citizen of <table border="1"><tr><td></td></tr></table> ]							

**V9 In section 4, the 5<sup>th</sup> paragraph will be modified as follows:** [I hereby apply for the Paycheck Life Individual Term Life Insurance Plan, underwritten by American Fidelity Assurance Company (the Company). {I, <customer's name>, authorize premiums for my spouse (NJ spouse or civil union partner), \_\_\_\_\_, to be deducted monthly and electronically remitted to the Company from my [Colonial Bank Checking Account]. This authority is to remain in effect until I cancel it by written notification to the Company. Any excess premiums which may accrue after termination of this authority will be refunded.}]

The 2<sup>nd</sup>-4<sup>th</sup> sentences (marked in red with { } above) will move in between the Proposed Insured and Premium Payer's signature lines.

V10 Section 4 will include a signature line for the Premium Payer of the Spouse's application as follows.:

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[Premium Payer (If other than the Proposed Insured)

Date]

10/20/08

Melissa Mahanes  
Compliance Analyst II

Date